

MAR 11 2002
5984
PATENT & TRADEMARK OFFICE

AMENDMENT TRANSMITTAL LETTER

Docket No.
M4065.0165/P165

Application No.
09/285,773-Conf. #4121

Filing Date
April 5, 1999

Examiner
L. Umez-Eronini

Art Unit
1765

Applicant(s): Garry A. Mercaldi, et al.

Invention: METHOD FOR ETCHING DOPED POLYSILICON WITH HIGH SELECTIVITY TO
UNDOPED POLYSILICON

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 33 =		x	0.00
Independent Claims	10	- 11 =		x	0.00
Multiple Dependent Claims (check if applicable)					<input type="checkbox"/>
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					

Large Entity

Small Entity

No additional fee is required for this amendment.

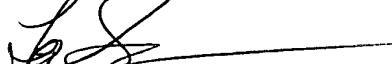
Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 04-1073
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Thomas J. D'Amico
Attorney Reg. No.: 28,371

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street NW
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Dated: March 11, 2002

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TC 1700

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PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application Number	09/285,773-Conf. #4121
Filing Date	April 5, 1999
First Named Inventor	Garry A. Mercaldi
Examiner Name	L. Umez-Eronini
Group Art Unit	1765
Attorney Docket No.	M4065.0165/P165

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number **04-1073**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Processing fee under 37 CFR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR 1.129(a))
149	740	249	370 For each additional invention to be
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 180.00)			

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371	Telephone	(202) 828-2232
Signature				Date	March 11, 2002

Please type a plus sign inside this box

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/285,773
		Filing Date	April 5, 1999
		First Named Inventor	Garry A. Mercaldi
		Group Art Unit	1765
		Examiner Name	L. Eronini
Total Number of Pages in This Submission		Attorney Docket Number	M4065.0165/P165

ENCLOSURES (check all that apply)

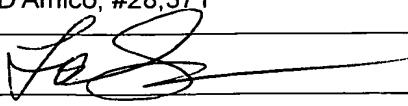
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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MAR 15 2002

TC 1700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico, #28,371
Signature	
Date	March 11, 2002